Medicare Premium Assistance (Buy-In) Process

Goals

This section will provide participants with:

- An explanation of the MMIS Buy-In cycle.
- An explanation of creating Medicare Premium Assistance benefits in CARES.
- An explanation of verifying Medicare Premium Assistance benefits in MMIS (EDSNET).
- Instructions for completing the HCF 10110 (formally 3070) manual certification for Medicare Premium Assistance benefit updates on MMIS.
- An explanation of the Monthly Buy-In Activity Report and what to monitor.

Objectives

After this section, the participant will be able to:

Create and maintain Medicare Premium Assistance benefits in CARES and/or MMIS.

MMIS Monthly Buy-In Cycle

The MMIS exchanges information with the Centers for Medicare and Medcaid Systems (CMS) to complete the Medicare Premium Assistance (Buy-In) process. Starting in November 2004, the exchange is a two-phased process in the MMIS.

- 1. Phase 1: CMS sends the state a monthly file that contains Medicare Part A and Part B monthly premium billings. This file also contains CMS rejections or informational updates in reply to MMIS requests to begin, change, or stop Medicare Premium Assistance (Buy In) benefits. MMIS processes the CMS file and updates MMIS around the 8th of each month.
 - CMS billings and responses display on the RM (Recipient Medicare) screen the following morning.
 - MMIS produces the Monthly Buy-In Activity Report (HMNR455Q) and mails it to the workers.
- 2. Phase 2: After CARES adverse action when MMIS is updated, MMIS produces a new file containing MMIS' requests to begin, change, or stop Medicare Premium Assistance (Buy-In) benefits. The new request file includes changes to the MMIS eligibility file which affect Medicare Premium Assistance benefits (e.g. a period of eligibility, Buy-In Action Flag/date, Medicare health insurance claim number (HIC), Medicare coverage on the eligibility segment, and death). MMIS sends the new request file to the Bureau of Information Systems (BIS). BIS merges the MMIS file with case information from a separate web-based file. The web-based file contains manually entered Buy-In actions to make a request for CMS to correct a past benefit period of Medicare Premium Assistance in CMS records. BIS transmits the merged file to CMS before the last business day of the calendar month.
 - When MMIS requests that CMS stop Medicare Buy-In, the reason for the request displays on the RM (Recipient Medicare) screen in the EDIT field.
- 3. During the time between Phase 1 and Phase 2, workers review the Monthly Buy-In Activity Report and take any necessary actions to resolve discrepancies before MMIS completes Phase 2. EDS Buy-In Analyst also reviews specific Buy-In activity to resolve discrepancies during this time. When a discrepancy is resolved after MMIS completes Phase 2, the Buy-In action is included in the next monthly exchange.

Creating Medicare Premium Assistance (Buy In) in CARES

Workers should process QMB, SLMB, and QDWI eligibility determinations in CARES. At the time a person applies for a Medicare Premium Assistance (Buy-In) program:

- 1. Indicate "Y" on the QMB ACPA request screen.
- 2. Check DXSA for the current Medicare Part A entitlement, Medicare Part B eligibility date and the Medicare premium payer ('self' or, '520' which means Medicaid is paying the premiums).
- 3. If DXSA has not updated recently, complete an SOLQ query.
- 4. Transfer the current DXSA information to the AFMD screen.

Individuals may not yet be entitled to Medicare Part A or they may have lost Medicare Part A entitlement. Always check for current Medicare information. Do not change the premium payer to 'self' in order to affect the client's cost sharing obligation for other programs of assistance.

CARES builds QMB, QMBN, SLMB, and QDWI benefits from the first of the month following the date the benefit is processed in CARES. The Medicaid Eligibility Handbook 5.14, outlines the policy for Premium Assistance begin dates. If CARES determines the date is later than the policy indicates, then additional processing is required. Examples of these situations are:

- 1. Processing SLMB with a back date up to 3 months.
- 2. The eligibility determination was not processed within 30 days.
- 3. Certification of eligibility was not complete.
- 4. A fair hearing decision has ordered backdated QMB benefits.

The begin date for a period of Medicare Premium Assistance (Buy-In) benefits is set when Buy-In occurs the first time for an individual. Once this begin date is sent to CMS, it can not be changed without special manual processing by the EDS Buy-In Analyst. However, if there is no current Buy-In, a backdate can occur in CARES or if necessary, with a HCF 10110. If necessary, check EDSNET to see if the individual is currently receiving Buy-In.

New to Buy-In - Begin date needs to be prior to CARES determined benefit begin date:

Follow this process when the Medicare Premium Assistance (Buy-In) benefits are being determined in CARES and MMIS does not show current Buy-In on RM (Recipient Medicare) screen.

Run and confirm the benefit in CARES. (CARES builds QMB, QMBN, SLMB, and QDWI for the following month). Then run with a date for the additional backdate month(s) of eligibility and QMB, QMBN, SLMB, nor QDWI will build. Stop at SFCC and PF5 to bring up a new blank SFCC screen. Complete the SFCC screen for the Premium Assistance benefit that the individual is eligible for and indicate the month that ran with a date. Confirm the passing month(s). (Note: CARES only allows you to run with a date that is not before the filing date. If the benefit should begin before the file date, submit a HCF 10110 to establish the backdated eligibility, BAF, and BAF date).

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After you confirm the benefits, the CARES/MMIS Interface sends MMIS the correct medical status code, Buy-In action flag (BAF) and BAF date, if the individual is eligible for QMB or SLMB. If the initial determination finds no premium assistance benefit open, the CARES/MMIS interface sends blanks in the BAF or BAF date to MMIS. When the individual fails premium assistance in CARES, test the individual manually for SLMB+ eligibility. If the individual is eligible for SLMB+, complete a manual certification update and send it to EDS. Coordinate the SLMB+ benefit end date with other benefit end dates on file in CARES or manually established on MMIS. If the individual is not eligible for Premium Assistance (Buy-In) benefits, it may be necessary to send a manual update to EDS to remove a prior BAF so Buy-In does not begin or continue. For all cases that are manually determined, the worker needs to manually send notices and track reviews (unless open in CARES for some other program of assistance).

Ongoing Buy-In – If Buy-In Dates need to be before the current benefit begin date

If needed, run eligibility in CARES to update the BAF and medical status code on MMIS. Contact the EDS Buy-In Analyst at 608-221-4746, extension 3107. The EDS Buy-In Analyst will enter the appropriate information in the web-based file for inclusion in the next monthly Buy-In cycle.

Verifying Eligibility and Buy-In on MMIS

To verify Medicare Premium Assistance (Buy-In) benefits are correct on MMIS, three EDSNET screens are used. Following is additional information specific to verifying eligibility and Buy-In on the MMIS. You can also refer to the online screen information.

RE (Recipient Eligibility) screen shows:

- 1. The certification dates (begin and end dates). Ignore rows with a reason (REA field) of 'FF' since these are invalid and deleted once a week.
- 2. The medical status code for the period of certification.

MMIS maintains one medical status code for a given period of eligibility. This code reflects the 'highest' level of benefits issued for the period. In some situations, there may be multiple 'limited-benefits' in effect for the period, so there are medical status codes for this also. Some combinations of 'limited-benefits' do not need a 'combination' medical status code. Use the Medical Status Code Hierarchy to locate the 'highest' level of benefits or a combined medical status code. MMIS has edits that prevent the existing medical status code from changing to a 'lesser' benefit level for past benefit months. It is important that manual certifications do not specify a 'decrease in existing benefits' for past dates, or the update will not occur on MMIS. If MMIS shows eligibility for the period of time where Buy-In is in question, do not attempt to change the medical status code to QMB-only, SLMB-only or SLMB+only, as this will not update on MMIS. If there is a period of time that is missing, and the individual is eligible, certify the dates in CARES or manually if appropriate.

RB (Recipient Base Segment) screen shows:

The current Buy-In Action Flag (BAF) and BAF date. MMIS Buy-In processing does not require a BAF to begin Buy-In when the medical status code on MMIS is SSI, QMB, QMBN, SLMB, SLMB+, or a 'protected-status'. Most other medical status codes must have the appropriate BAF (A, B, or U) to begin and continue Buy-In processing. To stop Buy-In processing, the period of certification must end, the BAF must be updated to X, and/or the EDS Buy-In Analyst must submit a manual request in the web-based file.

RM (Recipient Medicare) screen shows:

The history of CMS updates to MMIS for Buy-In activity. MMIS purges the information when necessary and purged information is maintained on reports in MMIS.

In most instances, eligibility displays on EDSNET "RE" and "RB" screens two business days after it is confirmed in CARES or sent using PF18 on MIMI. If the CARES or manual HCF 10110 requires an EDS manual review, it may take

up to a week before the information appears on MMIS. If the information does not appear on MMIS in five business days, call the EDS Eligibility Analyst assigned to your county at (608) 221-4746. See Appendix A for the analyst assigned to your county.

Manual Updates to Buy-In on MMIS

When CARES does not allow accurate benefit determination, or the benefit is determined manually, check MMIS to see if a manual HCF 10110 is necessary.

A manual HCF 10110 is not necessary when:

- 1. MMIS shows the individual has an accurate medical status code, eligibility dates, Buy-In Action Flag (BAF), BAF date, and current ongoing Buy-In. (Note: MMIS edits do not allow a transaction to add benefits that start more than 90 days in the future).
- 2. MMIS shows the individual has SLMB+ benefits and QMB or SLMB benefits just opened and confirmed in CARES. The CARES/MMIS interface will apply the BAF and BAF date on MMIS with no need for a HCF 10110.
- 3. MMIS shows the individual has past benefit months present on RE and the issue needing resolution is past Buy-In premium payments. In this situation, call the EDS Buy-In Analyst.

Wait to send the manual HCF 10110 when:

The individual was confirmed closed in all CARES premium assistance benefits and is now eligible for SLMB+. Allow the CARES/MMIS interface to finish updating MMIS with the BAF of "X" before sending the HCF 10110. In these circumstances, wait until the CARES/MMIS Reconciliation date (e.g. the first Thursday after confirmation in CARES) and then send the HCF 10110. If the worker does not wait until CARES/MMIS reconciliation, the manually applied BAF will be overwritten with an "X" when CARES updates this information.

Example: SLMB is confirmed closed in CARES on Friday. Send the HCF 10110 to EDS on the following Thursday. If SLMB is confirmed closed on Thursday, send the HCF 10110 to EDS that day.)

HCF 10110 OR E-HCF 10110 COMPLETION (Formerly 3070)

Use a HCF 10110 only when CARES cannot set the correct begin date or the program is manually determined.

To Stop Buy-In when the medical status code and eligibility dates show 'other' benefits.

Example: Bert is eligible for SeniorCare. When AI, Bert's worker views MMIS, Bert has a medical status code of SC for SeniorCare and a BAF of A for QMB eligibility. Al views CARES and verifies that Bert is not eligible for QMB, QMBN, nor SLMB in CARES. Al also verifies a previous manual determination that Bert is not eligible for SLMB+. Al should complete a HCF 10110 to correct only the BAF to X on MMIS (eligibility for SC should not be changed). On the HCF 10110, Al should enter a CERT 3 BAF code X with BAF date. Al should leave the HCF 10110 fields for medical status code and CERT dates blank.

Complete the CERT 3 (amend) required fields. Also fill in:

- 1. Certification Action -Check box #3 for amended.
- 2. Case Number Enter the ten digit MA case number (this is the primary person's MAID found on CARES MIMI screen).

 Do not use the CARES Case Number or PIN on the HCF 10110.
- 3. Medical Status Code and Period of Certification (Start and End Dates). Leave the 'Medical Status' and 'Period of Certification' fields blank.
- 4. Buy-In Action Flag (BAF) and Date Enter a BAF of X and the date in MMYY format (i.e., 0403 for April 2003) for the last month the State should pay the Medicare premium.

To Stop Buy-In when RE shows benefits are Premium Assistance (Buy In) only (e.g. medical status codes QN, QR, QW, Q1 or SB)

Example: Bert is not eligible for Medicaid, SeniorCare, or Medicare Premium Assistance. When AI, Bert's worker views MMIS, Bert has a Q1 medical status code for SLMB+ and a BAF of A for QMB eligibility. Al views CARES and verifies that Bert is not eligible for QMB, QMBN, nor SLMB in CARES. Al also verifies a previous manual determination that Bert is not eligible for SLMB+. Al should complete a HCF 10110 to correct both the BAF to X and to end date the Q1 medical status code. On the HCF 10110, Al should enter a CERT 4 with BAF code X, BAF date and a cancel date.

Complete the CERT 4 (cancel) required fields. Also fill in:

- 1. Certification Action Check box #4 for cancel.
- 2. Case Number Enter the ten digit MA case number (this is the primary person's MAID found on CARES MIMI screen). Do not use the CARES Case Number or PIN on the HCF 10110.
- 3. Cancel Date Enter the last day of Premium Assistance (Buy-In) benefits using adverse action logic. (I.e., 04/30/03 if submitted to MMIS in time for entry and update by April 17, 2003).

4. Buy-In Action Flag (BAF) and Date - Enter a BAF of X and the date in MMYY format (i.e., 0403 for April 2003) for the last month the State should pay the Medicare premium.

To Correct SLMB+ when RE shows benefits are Premium Assistance only (e.g. medical status codes QN, QR, QW, Q1 or SB)

Example: Bert is eligible for SLMB+. When AI, Bert's worker views MMIS, Bert has a SB medical status code for SLMB and a BAF of B for SLMB eligibility. AI views CARES and verifies that Bert is not eligible for SLMB in CARES. AI also verifies a previous manual determination that Bert is eligible for SLMB+. AI should complete a HCF 10110 to correct both the BAF to U for SLMB+ eligible and the Q1 medical status code for SLMB+ eligibility for the applicable dates on MMIS. On the HCF 10110, AI should enter a CERT 3 with BAF code U, BAF date of the date SLMB+ started, Q1 medical status code and appropriate CERT dates.

Complete the CERT 3 (amend) required fields. Also fill in:

- 1. Certification Action Check box #3 for amend.
- 2. Case Number Enter the ten digit MA case number (this is the primary person's MAID found on CARES MIMI screen). Do not use the CARES Case Number or PIN on the HCF 10110.
- 3. Medical Status Code and Period of Certification (Start and End Dates) Leave the 'Medical Status' and 'Period of Certification' fields blank, unless the information is not correct on EDSNET RE screen. If the medical status code is incorrect, enter a SLMB+ medical status code of Q1 and the correct Period of Certification dates to update.
- 4. Buy-In Action Flag (BAF) and Date Enter a BAF of U and enter the date in MMYY format (i.e., 0103 for January 2003) for first month that SLMB+ began.

To correct SLMB+ when RE shows a SeniorCare or Family Planning Waiver medical status code.

Example: Bert is eligible for SeniorCare and SLMB+. When AI, Bert's worker views MMIS, Bert has a SC medical status code for SeniorCare and a BAF of B for SLMB eligible. Al views CARES and verifies that Bert is not eligible for SLMB in CARES. Al also verifies a previous manual determination that Bert is eligible for SLMB+. Al should complete a HCF 10110 to correct only the BAF to U for SLMB+ on MMIS. On the HCF 10110, Al should enter a CERT 3 with BAF code U and BAF date. Al should leave the medical status code and CERT dates blank.

Complete the CERT 3 (amend) required fields. Also fill in:

- 1. Certification Action Check box #3 for amend.
- 2. Case Number Enter the ten digit MA case number (this is the primary person's MAID found on CARES MIMI screen). Do not use the CARES Case Number or PIN on the HCF 10110.
- 3. Medical Status Code and Period of Certification (Start and End Dates) Leave the 'Medical Status' and 'Period of Certification' fields blank.

4. Buy-In Action Flag (BAF) and Date - Enter a BAF of U and enter the date in MMYY format (i.e., 0103 for January 2003) for first month that SLMB+ began.

Send the completed HCF 10110 through Fax: (608) 221-8815 or E-mail: eds_3070@dhfs.state.wi.us.

Worker Use of the Monthly Buy-In Activity Report (HMNR455Q)

The Monthly Buy-In Activity Report displays individuals with a period of certification during the past six months (on MMIS RE screen), with either a Buy-In action flag (on MMIS RB screen) or Buy-In activity (on MMIS RM screen). MMIS sorts the report by county, worker, and recipient name (last and first). Starting in November 2004, MMIS runs the report around the 8th of the month when Phase 1 of the Buy-In cycle runs. In November 2004, the report is in a new format. The run date is printed on each page of the report. EDS staff will mail the report to the county for distribution to the worker.

Workers should use this report to monitor recipient Buy-In activity, by comparing their records (CARES and manual files) to the report. When workers find a discrepancy between their records and the HMNR455Q, corrective actions may be necessary.

When the HMNR455Q shows premium payments and CARES or manual records indicate no Buy-In Eligibility, or, the HMNR455Q shows no premium payments and CARES or manual records indicate Buy-In Eligibility:

Process using CARES to update MMIS:

- 1. If you determine the individual should be open for QMB, QMBN, or SLMB, make the corrections in CARES to open and confirm the benefits. This prompts CARES to send MMIS the open confirmed benefits including the correct medical status code, BAF, and BAF date.
- 2. If you determine the individual should **not** be receiving Medicare Premium Assistance (Buy-In) payments, and there is an open Buy In request in CARES, make the corrections in CARES to close and confirm the benefits. This prompts CARES to send MMIS the correct benefits including the medical status code, BAF X, and BAF date to stop Buy-In.

Process using HCF 10110 to update MMIS:

- 1. If you determine the individual should **not** be receiving premium payments and there is no Buy In request in CARES, complete a HCF 10110 to stop Buy-In. Send a manual notice to the client if needed. Update case comments to document your actions.
- 2. If you determine the individual should be receiving SLMB+ premium payments, and there is no premium assistance open in CARES, complete a HCF 10110 to begin Buy-In. Send a manual notice to the client if needed. Update case comments to document your actions.

When the HMNR455Q shows premium payments are being made, but should have started earlier, contact the EDS Buy-In Analyst. Also verify the eligibility and Buy-In information is otherwise correct. If eligibility dates are missing from EDSNET "RE" screen, complete a HCF 10110 to add the benefit dates.

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FIELD 1: RUN DATE = The date the MMIS monthly Buy-In cycle ran and the report was produced.

FIELD 2: COUNTY = The certifying agency number on the MMIS recipient eligibility file.

FIELD 3: WORKER = The worker ID number on the MMIS recipient eligibility file.

FIELD 4: SURNAME = The client's last name on the MMIS recipient eligibility file.

FIELD 5: GIVEN NAME = The client's first name on the MMIS recipient eligibility file.

FIELD 6: M = The client's middle initial on the MMIS recipient eligibility file.

FIELD 7: CARES CASE # = The client's CARES case number on the MMIS recipient eligibility file.

FIELD 8: REC MAID = The client's current ID on the MMIS recipient eligibility file.

FIELD 9: MEDCD = The client's Medicare coverage code as indicated on the "RE" screen.

- 1 = No Medicare
- 2 = Part A only
- 3 = Parts A and B
- 4 = Part B only
- 5 = Eligible for Part B, but not participating (not currently used)

FIELD 10: BAF = Client's Buy-In Action Flag on the "RB" screen.

FIELD 11: BAF DAT = Client's Buy-In Action Flag Date on the "RB" screen.

FIELD 12: I = Medicare Indicator. A = Part A Buy-In, B = Part B Buy-In.

FIELD 13: DOB = Client's date of birth, MM/DD/YY on the MMIS recipient eligibility file.

FIELD 14: SEX = Gender of the client, "M" represents a male, "F" represents a female.

FIELD 15: CARES PIN# = The client's CARES personal identification number on the MMIS recipient eligibility file.

FIELD 16: REC HIC # The client's SSA assigned Medicare ID (HIC) number as indicated by CMS for this response. This may not match the HIC Number on the header portion of MMIS eligibility screens.

FIELD 17: TXN = The CMS response to a request for Buy-In to start, change or stop. See 'Buy-In Status' for more information.

FIELD 18: BUY-IN STATUS = A general description of the last applied CMS Buy-In activity. If the field is blank, MMIS has not received a CMS response. This could be because MMIS has not requested Buy-In. ES can review the case and if necessary, contact the EDS Buy-In Analyst to supply missing information so Buy-In can begin. In other cases, it may be

correct that there has been no activity, and ES may need to update the Buy-In action flag on MMIS.

Buy-In Status

New Buy-I 1161

Lost Part A 1500 or 2161C – (EDS updates the Medicare Coverage on RE)

Death 1600
Deleted 17XX
Ongoing Buy-In 4100

Buy-In Stopped (no TXN Code displays)

Other (various like 2161A or 2161B)

FIELD 19: TXNSTART = For TXNs 1100-1184 and 4100, this is the first day included in the Buy-In period. For TXNs 1700-1759, this is the last day included in the Buy-In period.

FIELD 20: TXNSTOP = For TXNs 1100-1184 and 4100, this is the last day included in the Buy-In period.

FIELD 21: ADD DT = The process month, day and year that MMIS added the CMS Buy-In response in MMDDYY format.

FIELD 22: TXN AMOUNT = The amount CMS has billed or credited to the State with this response. The TXN or Buy-In Status field further explains the amount billed or credited on the same row of information.

TOTAL FIELDS = The last page for each worker shows the total number of recipients listed for the worker. The last page for each county shows the total number of recipients listed for the county.